

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/568089	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2						52							
3						53							
4						54							
5		g				55							
6		Q				56							
7		D				57							
8	1					58							
9	1					59							
10	1					60							
11	1					61							
12		4				62							
13		D				63							
14		Q				64							
15		D				65							
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45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	8		↓		↓		↓		↓		↓		
TOTAL DEP.	13	←		←		←	←		←		←		
TOTAL CLAIMS	21												